



July 2011

Hawai'i VFC News

Hawai'i Immunization Branch

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New VFC Policy on Two-Directional Vaccine Borrowing

Since November 2007, the Centers for Disease Control and Prevention (CDC) has allowed borrowing of VFC vaccine to be administered to non-VFC eligible patients in **limited circumstances** due to an unexpected lack of private stock vaccine. Providers who borrowed VFC vaccine were required to submit a standardized form to the VFC program detailing the borrowing situation and when the borrowed vaccine was replaced. The Borrowing Report did not originally require that providers document the reverse situation when it was necessary to borrow from private stock due to lack of VFC vaccine.

In response to state requests for enhanced monitoring, CDC revised the form so that data can be collected on two-directional borrowing from either vaccine stock.

VFC VACCINE BORROWING REPORT FORM					
Provider/Clinic: _____		Office Contact Name: _____			
Pin #: _____		Telephone: _____			
Time Period: _____ to _____		Fax: _____			
<small>DIRECTIONS: When a provider has borrowed vaccine from one stock to administer to a child who is only eligible to receive vaccine from the other stock, this form must be COMPLETED for each borrowing occurrence. Each vaccine a child receives must be listed on a separate row. Be sure to list the borrowed stock of vaccine and the replacement stock of vaccine. Each stock must be entered on this form and listed in the Patient Immunization Branch at (808) 586-8302.</small>					
Vaccine Borrowed	Patient Name(s) (VFC or private)	DOB	Date Borrowed	Reason	Date Vaccine Replaced in Appropriate Stock
		__/__/__	__/__/__	<input type="checkbox"/> Private stock order delayed <input type="checkbox"/> Private stock non-viable <input type="checkbox"/> VFC stock order delayed <input type="checkbox"/> VFC stock non-viable <input type="checkbox"/> Other (please specify): _____	__/__/__
		__/__/__	__/__/__	<input type="checkbox"/> Private stock order delayed <input type="checkbox"/> Private stock non-viable <input type="checkbox"/> VFC stock order delayed <input type="checkbox"/> VFC stock non-viable <input type="checkbox"/> Other (please specify): _____	__/__/__
		__/__/__	__/__/__	<input type="checkbox"/> Private stock order delayed <input type="checkbox"/> Private stock non-viable <input type="checkbox"/> VFC stock order delayed <input type="checkbox"/> VFC stock non-viable <input type="checkbox"/> Other (please specify): _____	__/__/__
		__/__/__	__/__/__	<input type="checkbox"/> Private stock order delayed <input type="checkbox"/> Private stock non-viable <input type="checkbox"/> VFC stock order delayed <input type="checkbox"/> VFC stock non-viable <input type="checkbox"/> Other (please specify): _____	__/__/__

I hereby certify, subject to penalty under the False Claims Act (31 U.S.C. 3729) and other applicable Federal and State law, that VFC vaccine dose borrowing and replacement on this form has been accurately reported and conducted in conformance with VFC provisions for such borrowing and further certify that all VFC doses borrowed during the stated time period have been fully reported on this form.

Provider Name: _____ Provider Signature: _____ Date: __/__/__

Revised 09/22/2010

The date on the form is 09/22/2010.
Please discard older versions.

Hawaii VFC program staff has begun introducing the revised form during VFC quality assurance site visits, and a provider update about utilizing the form was sent on July 11, 2011.

For every borrowing occurrence, the vaccine borrowing form should be completed and faxed to the VFC Program. Providers must keep all completed reports in a file for a period of 3 years (reviewed during the VFC site visits).

VFC-enrolled providers are expected to maintain an adequate inventory of vaccine for both their VFC and non-VFC eligible patients. (cont'd on page 3)

Pre-Book VFC Influenza Vaccines Now

On June 15th-16th, a notice was faxed to all VFC providers regarding pre-booking for this upcoming season's VFC influenza vaccine (2011-2012). Providers will be waitlisted in the order requests are received. Vaccine orders submitted by August 1st will be given priority. Providers are encouraged to place orders for the FULL amount required by your practice for the entire 2011-2012 flu season. Additional requests for flu vaccine will be contingent upon vaccine availability. If you have not done so already, please fax your flu vaccine order forms to (808) 586-8302. ♦

Save Time and Resources

Use Multi-Vaccine VIS, "Baby's First Vaccines"

The Multi-Vaccine Vaccine Information Statement (VIS) was developed with the earliest pediatric visits (birth through 6 months of age) in mind. Up to 6 vaccinations could be given during these visits, which would normally mean that 6 individual vaccine information statements would have to be distributed by the provider and read by the patient's parent/guardian(s). The multi-vaccine VIS was created to simplify and streamline the process. Anytime two or more of the vaccines are given during the same visit, a provider may use the multi-vaccine VIS. All 6 of the vaccines listed on the VIS do not need to be administered in order to use the VIS. The provider must simply check the appropriate boxes on the first page to indicate which vaccines were given on the specific date.

YOUR BABY'S FIRST VACCINES WHAT YOU NEED TO KNOW

Babies get six vaccines
between birth and
6 months of age.

These vaccines
protect your baby
from 8 serious diseases



Your baby will get vaccines today that prevent these diseases:

- ☐ Hepatitis B ☐ Polio ☐ Pneumococcal Disease
☐ Diphtheria, Tetanus & Pertussis ☐ Rotavirus ☐ Hib

The VIS can be used as long as the doses administered are part of the primary series or routine pediatric boosters. Providers may use the multi-vaccine VIS with combination vaccines (e.g., Pediarix). Ensure that the appropriate boxes are checked as you would if you were administering the individual vaccines. It may also be used for older

children receiving two or more of these vaccines during the same visit (e.g., a 12-month old receiving Hib and PCV, or a 4-year old receiving DTaP and IPV).

Because the information on this VIS applies only to pediatric use of the vaccines, **it should not be used for adolescents or adults**. Risk factors that apply only to older persons are not discussed on this VIS. Please use the individual VIS for adolescents and adults.

If using the multi-vaccine VIS for "pneumococcal" vaccine, please note it can only be used for pneumococcal conjugate vaccine (PCV13), not pneumococcal polysaccharide vaccine (PPSV23). For PPSV23, you must use the pneumococcal polysaccharide VIS.

The multi-vaccine VIS is an optional alternative to the existing vaccine information statements. Providers who wish to continue using the individual VIS may do so.

When using the multi-vaccine VIS, it is important to record its publication date for EACH of the vaccines given that day. If you are using it for combination vaccines, such as Pentacel, you must record the publication date of the "Baby's FIRST Vaccines" VIS on the Vaccine Administration Visit Record (VAVR) for each of the individual vaccines given that day.

The multi-vaccine VIS is currently being updated. The existing edition, dated 9/18/08, may still be used until the updated version is published. Please visit CDC's website for the latest information regarding the use of all vaccine information statements at:

www.cdc.gov/vaccines/pubs/vis/default.htm. ♦

Protect Hawaii's Preteens
Vaccinate by 

www.vaccinateby13.doh.hawaii.gov

Have you HIRd?

Have you heard? The Hawaii Immunization Registry (HIR) is able to print the Student Health Record Form (Form 14) with patient demographic and immunization information recorded in HIR. With the click of a mouse, HIR will generate a pdf of the Student Health Record for printing to a desktop printer. No more handwriting immunization dates onto the Student Health Record.

Department of Education
STUDENT'S HEALTH RECORD

Name: STUDENT (Last) KEIKI (First) T (Middle Initial) Female ☒ Male ☐ Preschool: ☐ Elementary: ☐ Intermediate/Middle: ☐ High: ☐

Birthdate: 05/05/2005 Month Day Year Entry Date: _____

Parent's Name: ALOHA PARENT (Mother/Guardian) _____ (Father/Guardian) _____

Student Address Label: 2020 MAHALO WAY HONOLULU, HI 96817

Please complete the following sections (CHECK IF YES)

Medical Status

Allergy (type)	<input type="checkbox"/>	Cancer/Leukemia	<input type="checkbox"/>	Hearing Problems	<input type="checkbox"/>	Hypertension	<input type="checkbox"/>	Seizures	<input type="checkbox"/>	Vision Problem	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	Chronic Cough/Wheezing	<input type="checkbox"/>	Heart Disease	<input type="checkbox"/>	JRA Arthritis	<input type="checkbox"/>	Sickle Cell Anemia	<input type="checkbox"/>		
Behavioral Problems	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Hemophilia	<input type="checkbox"/>	Rheumatic Heart	<input type="checkbox"/>	Skin Problems	<input type="checkbox"/>		

Physician's Examination Code: N-Normal; A-Abnormal; C-Corrected; R-Receiving Care

Date	Grade	Height (in)	Weight (lbs)	BMI	Blood Pressure	Vision	Hearing	Eyes	Ears	Nose	Throat	Teeth	Heart	Lungs	Abdomen	Nervous System	Skin	Scoliosis	Extremities	Nutrition	Varicella Immunity Secondary to Disease (DATE)	Reviewed Immunization Record (Check if YES)	Completed PPD Screening (Check if YES) See results below	Provider's Signature	Provider's Stamp or Printed Name

Tuberculosis Examination Mantoux Test (Intradermal)

Date Given	Date Read	Results (mm)	Physician, APRN, PA, or Clinic (Signature or Stamp if Different from Above)

Chest X-Ray

Date	Results	Location

Dental Examination

Dental Check-Up

Immunizations (Vaccines, Dates Given: Month/Day/Year)

Type	DTaP	DTaP	DTaP	DTaP	DTaP	DTaP
DTap, DTP, DT Tdap or Td	Date 07/05/2005	09/05/2005	11/05/2005	08/05/2006	05/05/2007	05/05/2009
Polio (IPV or OPV)	Type Polio	Polio	Polio	Polio		
HIB (Haemophilus Influenzae type b)	Type Hib	Hib	Hib	Hib		
Pneumococcal Conjugate	Type PCV	PCV	PCV	PCV		
Hepatitis B	Type HepB	HepB	HepB	HepB		
MMR	Date 05/05/2006	05/05/2009		Varicella	05/05/2006	05/05/2009
Hepatitis A	Date 05/05/2006	05/05/2007				
Other	Type Influenza	Influenza				
	Date 12/12/2008	11/11/2007				
Other	Type					
	Date					

*OFFICE USE ONLY (Rev. 2010)

Physician, APRN, PA or Clinic _____

Sign-up to become a HIR provider today by calling 586-4665 (Oahu), 1-888-447-1023 (Neighbor Islands) or e-mail registryhelp@doh.hawaii.gov ♦

Two-Directional Borrowing (cont'd from page 1)

Borrowing vaccines should occur on rare occasions, such as when there is a lack of appropriate stock vaccine (VFC or privately-purchased) due to unexpected circumstances such as a delay in vaccine shipment, vaccine spoiled in-transit to provider, or staff ordering miscalculations. Vaccine borrowing should never prevent a VFC-eligible child from receiving an appropriate vaccination.

Please contact Mardelle Gustilo at 586-4587 if you have questions regarding vaccine borrowing. ♦

Underinsured Children

Children 18 years of age and younger who are underinsured are qualified to receive VFC vaccine through the VFC Program. An underinsured child is one who:

- has commercial (private) health insurance, but the coverage does not include vaccines,
- a child whose insurance covers only selected vaccines. The children are VFC-eligible only for vaccines not covered by their insurance,
- a child whose insurance caps vaccine coverage at a certain amount - once that coverage amount is reached, the child is categorized as underinsured.

When a child who is screened for VFC eligibility is determined to be underinsured, as defined above, the Provider should refer the child to a ***Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC)*** for VFC vaccinations. An alternative option is to provide vaccine to the underinsured child using private stock. VFC vaccine for an underinsured child should not be administered by a practice that is not a qualified FQHC or RHC.

The CDC defines an ***FQHC*** as a health center that is designated by the Bureau of Primary Health Care (BPHC) of the Health Services and Resources Administration (HRSA) to provide health care to a medically underserved population.

FQHCs include community and migrant health centers, special health facilities such as those for the homeless and persons with acquired immunodeficiency syndrome (AIDS) that receive grants under the Public Health Service (PHS) Act, and "look-alikes," which meet the qualifications but do not actually receive grant funds. They also include health centers within public housing and Indian health centers.

A ***RHC*** is a clinic located in a Health Professional Shortage Area, a Medically Underserved Area, or a Governor-Designated Shortage Area. RHCs are required to be staffed by physician assistants, nurse practitioners, or certified nurse midwives at least half of the time that the clinic is open.

The VFC Provider Reference Book contains contact information for FQHCs and RHCs in Hawaii. More information about FQHCs and RHCs can be found at: <http://hawaii.gov/health/family-child-health/rural-health/pco/fqhc.html>

The goals of the VFC Program are to ensure that all VFC eligible children are vaccinated and that VFC vaccine is used appropriately. Our Providers are an essential component of the VFC Program. By working together, we can make these goals a reality. ♦

New Immunization Branch Staff



Ron Balajadia is our new Immunization Branch Chief or Program Manager. He has a long history working in public health in the field of immunizations and vaccine-preventable diseases, both in his native Guam as well as around the US Pacific Islands. He received a Bachelor of Arts degree in Biochemistry at the University of Arizona, Tucson, and a Master of Science degree in Microbiology at the University of Hawaii, Manoa. Prior to joining the Department of Health, Ron served as a Regional Pacific Islands Immunization Consultant, working closely with all the US Associated Pacific Islands, Pacific Island Health Officers Association (PIHOA), and Centers for Disease Control and Prevention (CDC). Ron may be reached at 586-8328 or at ronald.balajadia@doh.hawaii.gov. ♦

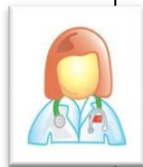
New Immunization Branch Staff



Stephanie Martin, RN, recently joined the Vaccine Supply and Distribution Section, Vaccines for Children Program. Stephanie moved to Honolulu in 2005 to escape the overcast Oregon skies as well as the stress of almost ten years of small business ownership. She began her nursing career in a hospital setting and transitioned to a clinical setting when her sons were toddlers. Prior to her current position, Stephanie's work experience includes over twenty years in the clinical research industry where she worked closely with local physicians to ensure their compliance with Federal Regulations and International Guidelines and to protect the safety of research participants. Stephanie's background will be very helpful as she conducts VFC site visits and works with her Section to streamline the processes and procedures that will make the Immunization Branch effective and efficient. Stephanie may be reached at 586-4585 or at stephanie.martin@doh.hawaii.gov. ♦

Talk to the Doc

Marcia Nagao, MD, MPH



One of my patients received her first dose of human papillomavirus vaccine (HPV) at age 16 years. She's now 19 years old and has no health insurance. May I administer VFC HPV vaccine for her 2nd dose?

No, she is currently too old to receive VFC vaccine. The VFC program is only for children ages 0 through 18 years of age. Children and teens ages 0 - 18 years are eligible for the VFC program if they are:

- Medicaid/QUEST eligible
- Uninsured
- American Indian or Alaska Native
- Underinsured (who are eligible to receive VFC vaccine **only** through a Federally Qualified Health Center [FQHC] or Rural Health Clinic [RHC]).

If you inadvertently administered a VFC vaccine to a non-eligible patient, you must complete the VFC Vaccine Borrowing Form and replace the dose administered with your private stock.

Please refer your patient to a FQHC or RHC to complete her HPV vaccine series. Uninsured adults may receive free or low-cost services at these clinics. ♦

Please Do Not Return EMPTY "McKesson Specialty Distribution" Boxes

A number of providers have returned empty "McKesson Specialty Distribution" boxes to the VFC Program using the "VFC" reply labels or by utilizing Fedex to ship the empty boxes back to the program. **PLEASE DO NOT RETURN ANY EMPTY "MCKESSON SPECIALTY DISTRIBUTION" BOXES TO THE VFC PROGRAM.** Providers may recycle the boxes through a local recycling program or simply discard them. Please use the "VFC" reply labels only to submit VAVR forms or to return expired vaccines. We appreciate your cooperation on this issue. ♦



"Hawai'i VFC News" is a quarterly publication distributed to all participating VFC providers. Its purpose is to address VFC-related issues, provide general immunization information, and keep you up-to-date with the latest program changes. If you have any suggestions for future newsletter topics, or if you would like to share relevant immunization information with other VFC providers through our newsletter, please contact Mardelle Gustilo at (808) 586-4587 or via e-mail at mardelle.gustilo@doh.hawaii.gov. Neighbor Islands, call toll-free 1-800-933-4832.

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